



DOCKET NO. 0050.2048-005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Declaration for Patent Application

[] Supplemental (37 C.F.R. §1.67)

As a named inventor, I hereby declare that:

My residence, mailing address and citizenship are as stated next to my name;

I believe I am the original, first and sole inventor (if only one name is listed) or an original, first and joint inventor (if plural names are listed in the signatory page(s) commencing at page 2 hereof) of the subject matter which is claimed and for which a patent is sought on the invention entitled

NEEDLELESS DRUG INJECTION DEVICE

the specification of which (check one)

[] is attached hereto.

[x] was filed on September 8, 2003 as United States Application Number 10/657,734.

[] was filed on [PCT Filing Date] as PCT International Application No. [PCT Appl'n No.] [OPTION and assigned United States Application No. []].

[] and was amended on [] (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.


I hereby claim foreign priority benefits under 35 U.S.C. 119 or 365 of any foreign application(s) for patent or inventor's certificate, or of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed:

<u>Prior Foreign Application(s)</u>			Priority Not Claimed	Certified Copy Filed?	
				YES	NO
<u>(Number)</u>	<u>(Country)</u>	<u>(Day/Month/Year filed)</u>	[]	[]	[]
<u>(Number)</u>	<u>(Country)</u>	<u>(Day/Month/Year filed)</u>	[]	[]	[]
<u>(Number)</u>	<u>(Country)</u>	<u>(Day/Month/Year filed)</u>	[]	[]	[]

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole

or first inventor Ian W. Hunter

Inventor's Signature  Date 9 Oct 03

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Lincoln, Massachusetts 01773

Citizenship New Zealand

Mailing Address same as above

Full name of second joint

inventor, if any Robert Dyer

Inventor's Signature _____ Date _____

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Citizenship USA

Mailing Address same as above

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<u>(Number)</u>	<u>(Country)</u>	<u>(Day/Month/Year filed)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>(Number)</u>	<u>(Country)</u>	<u>(Day/Month/Year filed)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Full name of sole

or first inventor Ian W. Hunter

Inventor's Signature _____ Date _____

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Citizenship New Zealand

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Full name of second joint

inventor, if any Robert Dyer

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HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT AND CORRESPONDENCE ADDRESS

Application Number	10/657,734
Filing Date	September 8, 2003
First Named Inventor	Ian W. Hunter
Confirmation Number	
Group Art Unit	
Examiner Name	
Attorney Docket Number	0050.2048-005

Title NEEDLELESS DRUG INJECTION DEVICE

I/We hereby appoint

☒ the attorneys/agents associated with Customer No. 021005

☐ Practitioner(s) named below:

as my/our attorneys/agents to prosecute the application identified above, including any continuation or divisional applications thereof, and to transact all business in the United States Patent and Trademark Office connected therewith.

The correspondence address for the above-identified application is:

☒ Customer Number 021005

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☐ Other

Please direct all telephone calls and facsimiles to:

Name James M. Smith Tel. No. 978-341-0036 Fax No. 978-341-0136

I am the:

☐ Applicant/Inventor.

☒ Authorized representative of the Assignee, Massachusetts Institute of Technology, of the entire interest. See 37 C.F.R. § 3.71. A Statement under 37 C.F.R. § 3.73(b) is enclosed.

☐ Authorized representative of the Assignee, [], together with [], of the entire interest. A Statement under 37 C.F.R. § 3.73(b) is enclosed.

SIGNATURE of Applicant or Assign e of Record

Name & Title Rita M. Filipowicz, Patent Administrator

Signature

Date

Rita M. Filipowicz
1/6/04



Docket No. 0050.2048-005

STATEMENT UNDER 37 C.F.R. § 3.73(b)

Inventor(s): Ian W. Hunter and Robert Dyer

Application No./Patent No.: 10/657,734 Filed/Issue Date: September 8, 2003

For: Needleless Drug Injection Device

Massachusetts Institute of Technology, a corporation
(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is

- A. ☒ the assignee of the entire right, title and interest in the patent application identified above; or
- B. ☐ an assignee together with ☐ of the entire right, title and interest in the patent application identified above.

The right, title and interest of the above-named assignee in the patent application identified above is established by virtue of:

- A. ☒ An assignment from the inventor(s) of the patent application identified above. The assignment was recorded in the Patent and Trademark Office at Reel 014101, Frame 0680-0686, or a copy thereof is attached.

OR

- B. ☐ A chain of title from the inventor(s) of the patent application identified above, to the current assignee as shown below:

1. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or a copy thereof is attached.
2. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or a copy thereof is attached.
3. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Date: 1/6/04

Name: Rita M. Filipowicz

Title: Patent Administrator

Signature: Rita M. Filipowicz